

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓		✓				51						
2		✓		✓			52						
3		✓		✓			53						
4		✓		✓			54						
5	✓		✓				55						
6	✓	✓	✓	✓			56						
7		✓		✓			57						
8		✓		✓			58						
9		✓		✓			59						
10	✓		✓				60						
11		✓		✓			61						
12		✓		✓			62						
13		✓		✓			63						
14		✓		✓			64						
15		✓		✓			65						
16	✓		✓				66						
17		✓		✓			67						
18		✓		✓			68						
19		✓		✓			69						
20		✓		✓			70						
21							71						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4		4				TOTAL IND.						
TOTAL DEP.	16		16				TOTAL DEP.						
TOTAL CLAIMS	20		20				TOTAL CLAIMS						